

Name
in
Full

Goodwin Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		12	28	83			
Sex	Male	Color or Race	White	Birth-place	Cecil Co		
Occupation	Labourer			Where Residing if not at place of death			
Married, Single or Widowed	Widowed			Name of Wife or Husband			
Father's Name		Unknown			Father's Birthplace		
Mother's Maiden Name		Unknown			Mother's Birthplace		
Name of person giving information		Margaret Jackson			How related to deceased		
					Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Deficiencies of	How long	2 yrs
Immediate	clear ages	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. M. Stoney
		Address	Perryville Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Russell Baker

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Principis Furnace* Town *Cecil* County
 Date of death *1906* Month *12* Day *13* Age *4* Years Months Days
 Sex *Male* Color or Race *White* Birthplace *Cecil Co*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

George Baker

Father's Birthplace

Cecil Co

Mother's Maiden Name

Mollie ~~Baker~~ Campbell

Mother's Birthplace

Cecil Co

Name of person giving information

Yes Baker

How related to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Whooping Cough

How long

about 3 weeks

Immediate

Pneumonia

How long

Are the name, age, sex, color, date and place correctly given above?

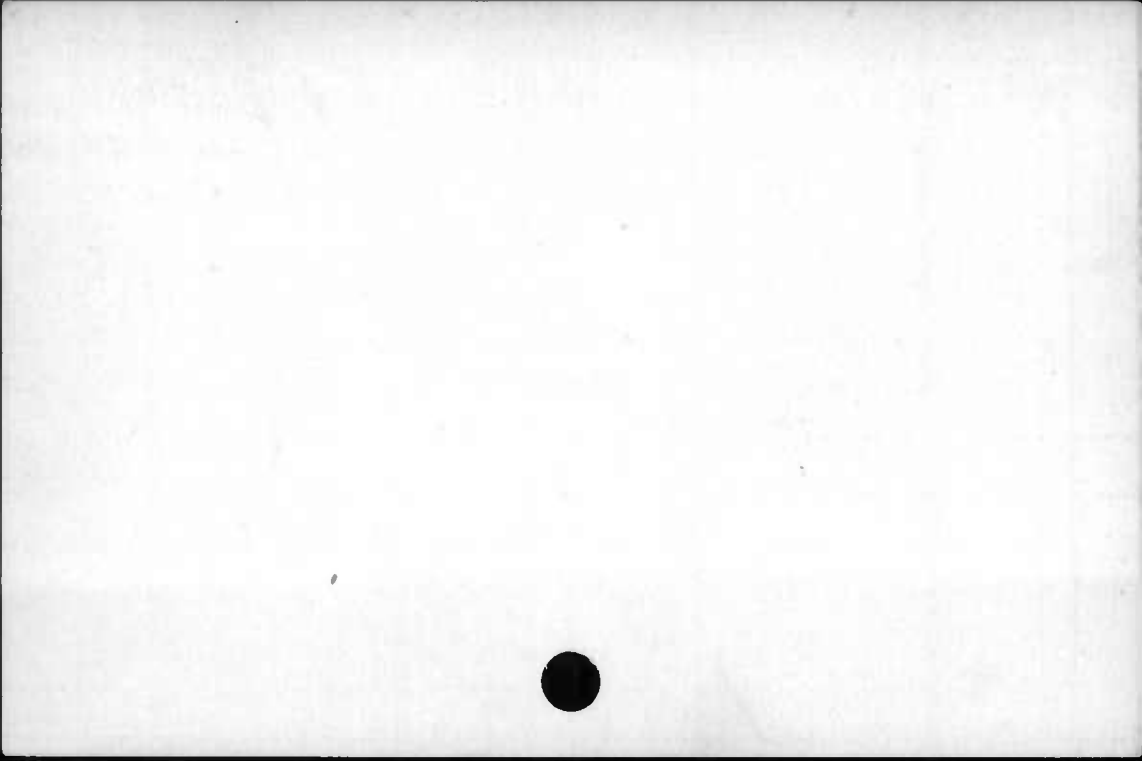
Signature of Physician

Dr. W. H. Hume

Address

Principis Furnace Cecil Co

Accident or Suicide?



Name
in
Full

Willard J. Baker

CERTIFICATE OF DEATH

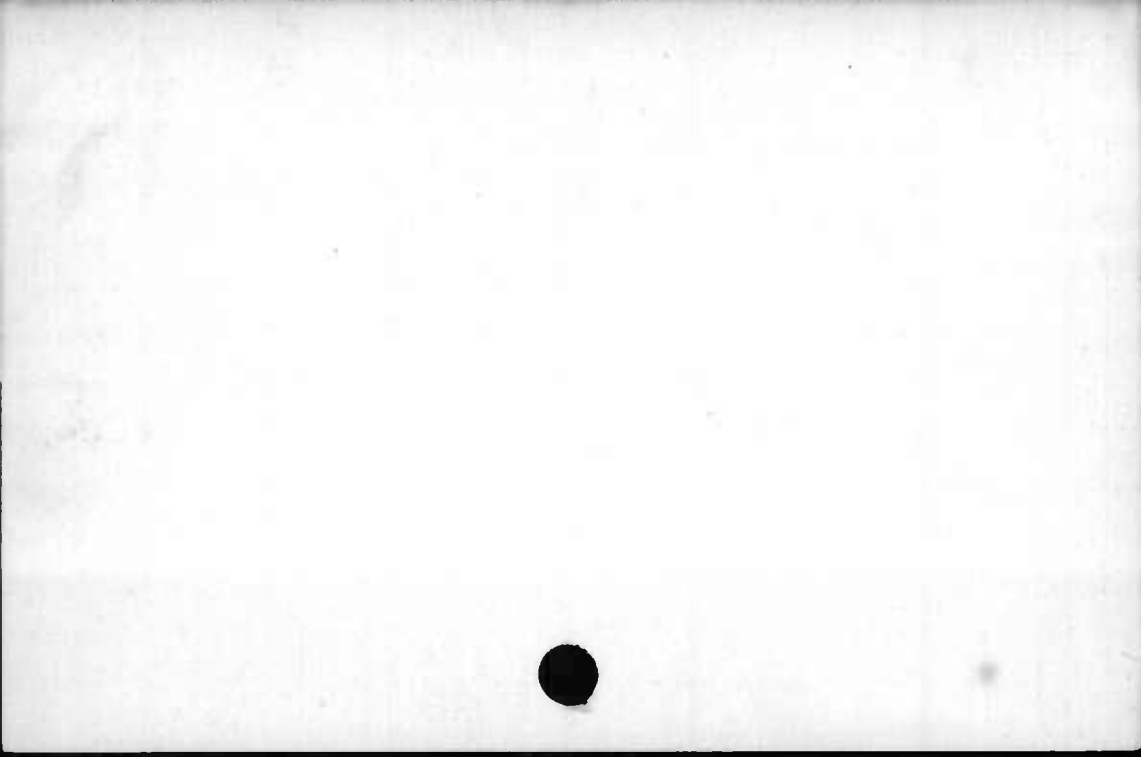
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		12	12	2	2		
Sex		Color or Race		Birth-place			
Male		White		Ceil Co			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
George Baker				Ceil Co			
Mother's Maiden Name				Mother's Birthplace			
Lottie Campbell				" "			
Name of person giving information				How related to deceased			
Geo Baker				Father			

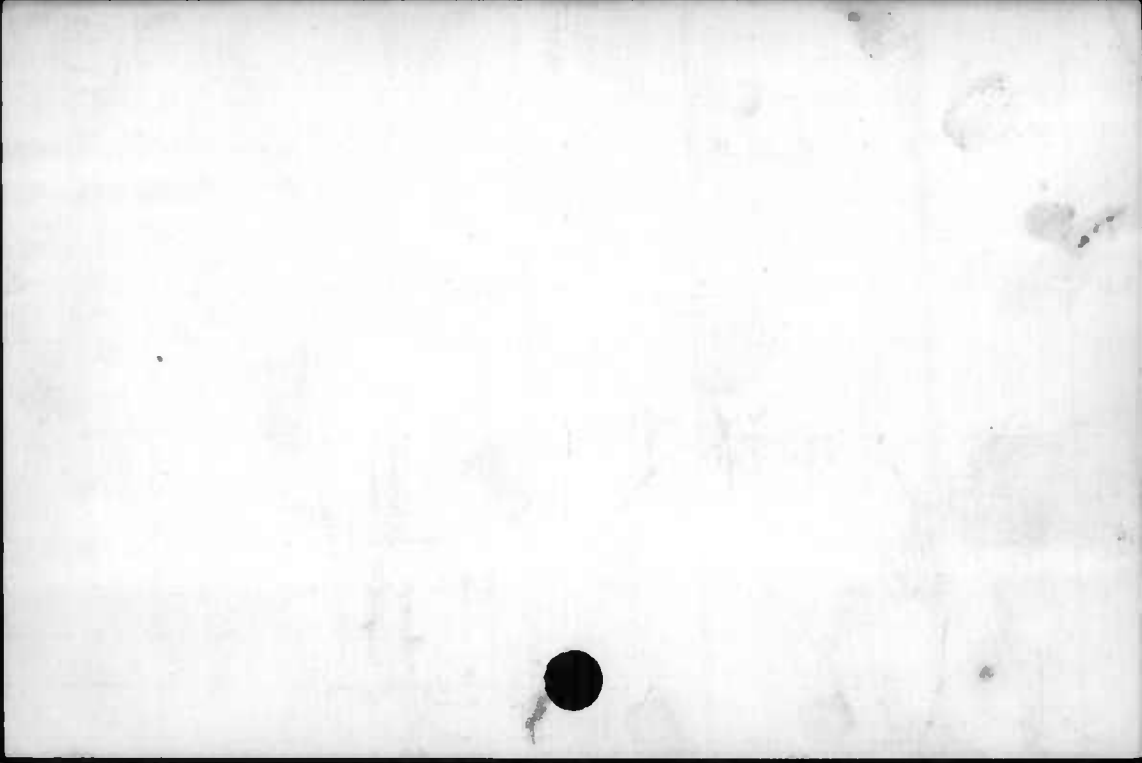
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whispering Cough	How long	Weeks
Immediate	Pneumonia	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Dr. M. H. H. H.	
		Address	
		Pineville Ind.	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	John Wilson Bancroft.		Liberty Grove, Cecil		MARYLAND
	Died at		Town		County
	Date of death		1906	Dec	30
	Age		—		Months 4 Days 26
	Sex		Male		Color or Race White
	Occupation		Infant.		Birth-place Liberty Grove
	Where Residing if not at place of death		—		
	Married, Single or Widowed		Single		Name of Wife or Husband Infant
Father's Name		John Bancroft.		Father's Birthplace Rocklandville	
Mother's Maiden Name		Margaret P. Griesst.		Mother's Birthplace Liberty Grove	
Name of person giving information		Elizabeth V. Griesst.		How related to deceased Aunt.	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		Acute Lobes pneumonia		How long 14 day's
	Immediate		Exhaustion		How long
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Ernest Lombard
					Address Liberty Grove Md
	Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

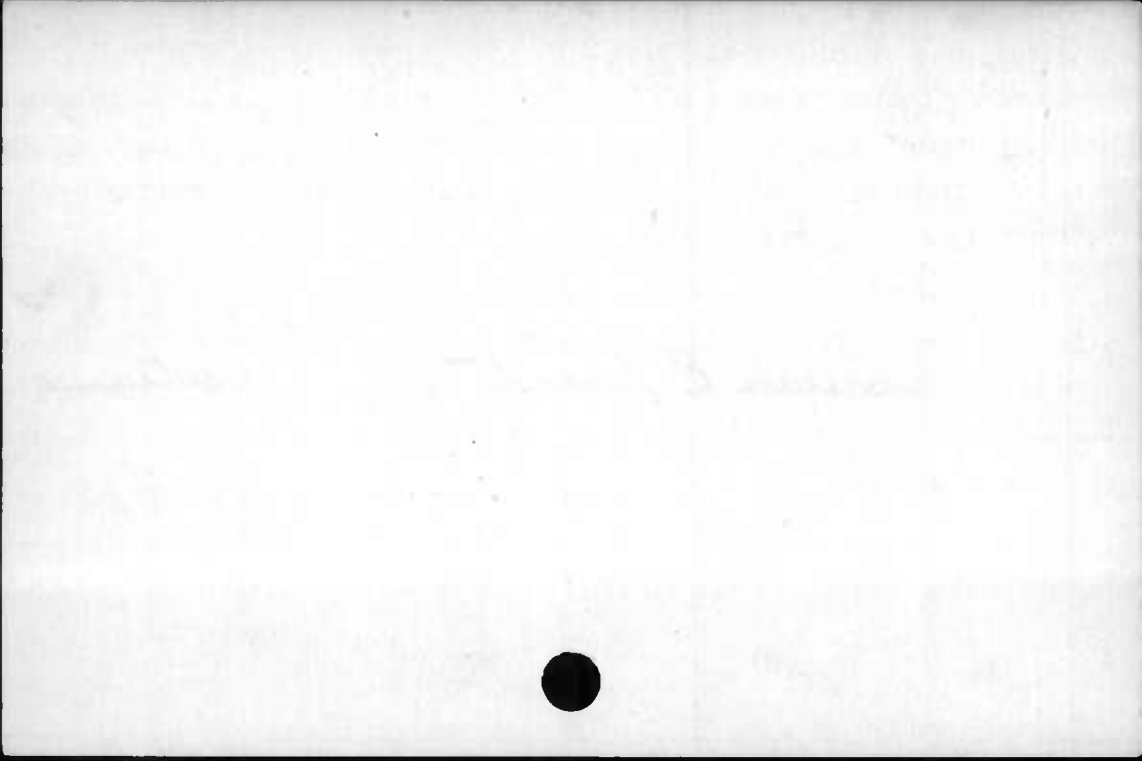
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Bradford</i>		Town <i>Theodore</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Theodore</i>		Month <i>Dec</i>		Day <i>29</i>		Age <i>99</i>	
Date of death <i>1906</i>		Month <i>Dec</i>		Day <i>29</i>		Months <i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Harford Co Ind</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>John Bradford</i>					
Father's Name <i>James Charles</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Anna Fletcher</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Lillie Grist</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long	<i>154</i>
Immediate	<i>No Physician</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W C Jackson Undertaker</i>	
		Address <i>J Blythe Dale Ind</i>	
Accident or Suicide?			



Name
in
Full~~Elizabeth~~ *Earl Brisson* Col

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk Mck</i> ^{Town}		<i>Cal</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>Dec</i> ^{Month}	<i>10</i> ^{Day}	<i>5 weeks</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Elk Mck</i>		
Occupation <i>Service</i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Elizabeth Brisson</i>				
Father's Name <i>John Mcker</i>	Father's Birthplace <i>Elk Mck</i>		Mother's Birthplace <i>Elk Mck</i>		
Mother's Maiden Name <i>Elizabeth Brisson</i>	Name of person giving information <i>(Mother) Elizabeth Brisson</i>		How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown</i> <i>only from statement of mother</i>	How long <i>under oath</i>
Immediate <i>Natural Causes</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo S. Pittenhouse</i>
<i>As the best of my knowledge</i>	Address <i>North East, Md.</i>
Accident or Suicide? <i></i>	<i>Dr. H. M.</i>

either 3 weeks or 3 months

North East, Md.

January 29 1906.

This is to certify that from the statements of Joseph
Briscoe that his grandchild died Sat. evening Jan 27,
1906 from natural causes as stated from the informer.

Ges. S. Rittenhouse, M.D.

From the symptoms given me
this child died of Broncho-Pneumonia.

Dr. Rittenhouse accouched the mother
with this child a few weeks ago.

J. M. Cooper, Jr.

copied from slip of paper

Name
in
Full

Frances Burroughs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		12	27	7			
Sex	Female	Color or Race	White	Birth-place	Unknown		
Occupation	School girl			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	John Burroughs				Father's Birthplace	Cecil Co	
Mother's Maiden Name	Sarah E Forest				Mother's Birthplace	Scotland	
Name of person giving information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lumbagoous Cramp	How long	4 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H E Clumson	
		Address	
		Port Deposit	
Accident or Suicide?			



Name
in
Full

William Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		12	14	15			
Sex	Male			Color or Race	White		
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Rea Campbell				Father's Birthplace	Cecil Co	
Mother's Maiden Name	Annie R Ward				Mother's Birthplace	Pa	
Name of person giving information	Annie R Campbell				How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Meningitis	How long	4 or 5 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Dr. W. H. H. H.		
	Address		
	P. Empress 1111		
Accident or Suicide?			



Name
in
Full

Henrietta Maria Chamberlaine

CERTIFICATE OF DEATH

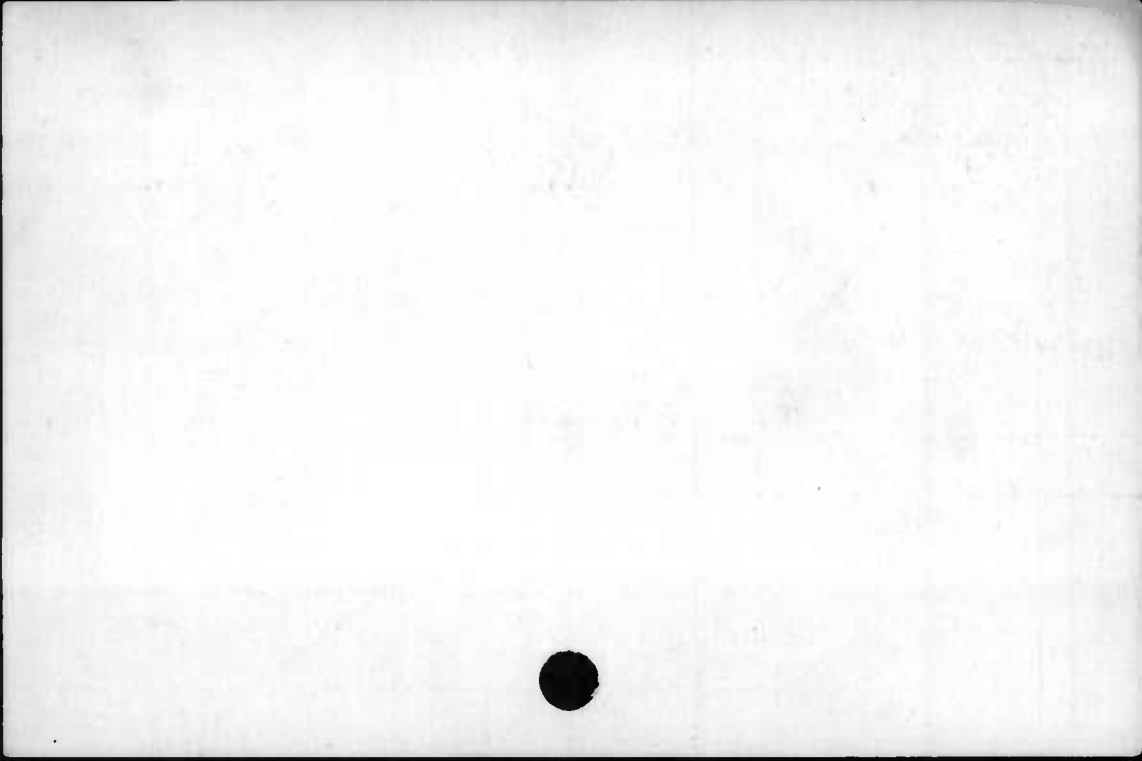
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Aikin</u> Town		<u>Cecil</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Dec.</u>	Day <u>13th</u>	Age <u>74</u> Years	Months <u>1</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Talbot Co. Md</u>		
Occupation <u>Nov. Spinster</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>James Boys Chamberlaine</u>	Father's Birthplace <u>Talbot Co.</u>				
Mother's Maiden Name <u>Maria</u>	Mother's Birthplace				
Name of person giving information <u>A. L. Whittingham</u>	How related to deceased <u>Cousin</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bright's Disease</u>	How long <u>120</u>	How long <u>Two years</u>
Immediate <u>Heart Disease</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Geo. M. Henry</u>	
	Address <u>100 Myrtle St</u>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

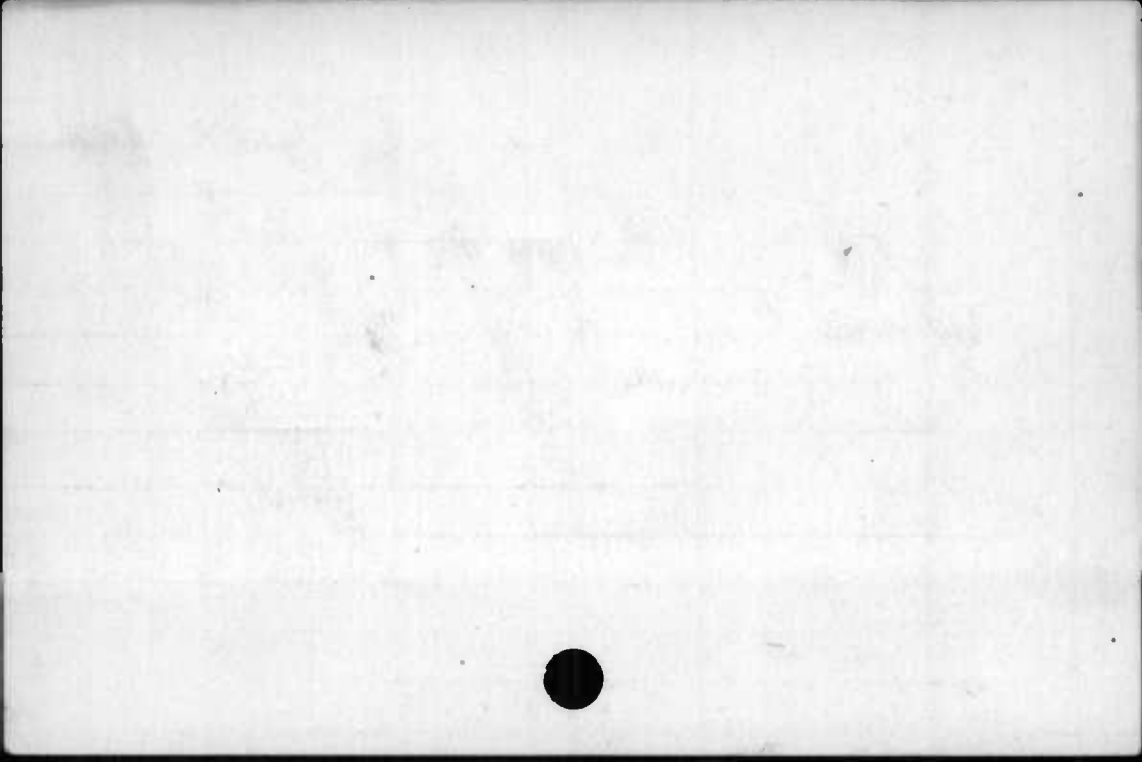
Died at <i>Calvert</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND			
Date of death	<i>1906</i>	<i>12</i> ^{Month}	<i>14</i> ^{Day}	<i>74</i> ^{Years}	<i>8</i> ^{Months}	<i>2</i> ^{Days}	
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Grim</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband				
Father's Name	<i>Essex England</i>				Father's Birthplace	<i>Grim</i>	
Mother's Maiden Name	<i>Maria Harris</i>				Mother's Birthplace	<i>Grim</i>	
Name of person giving information	<i>May Harrison</i>				How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

(50)

PHYSICIAN
OR CORONER

Primary	<i>Valvular disease of Heart & Diabetes</i>	How long	<i>Two years</i>
Immediate	<i>Emphysema</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J B Allen</i>
		Address	<i>Revery Lane Md.</i>
Accident or Suicide?			



Name
in
Full

William Lamar Clayton
Town Charleston County Cecil

CERTIFICATE OF DEATH

MARYLAND

Died at Date of death 1906 Year 1906 Month Dec. Day 16 Age 16 Years 1 Months 3 Days

Sex Male Color or Race White Birth-place Charleston Md

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name William P. Clayton Fether's Birthplace Maryland

Mother's Maiden Name Bessie G. Lamar Mother's Birthplace Maryland

Name of person giving information Annie E. Henson How related to deceased Sister

CAUSES OF DEATH

Primary Cranioclasia 176 How long _____

Immediate Convulsions 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Geo. A. Morrell

Address North East Md

Accident or Suicide?



Name
in
Full

Ella Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elk Neck</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>Dec</u>	Day <u>13</u>	Age <u>26</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>colored</u>	Birth-place <u>Elk Neck</u>			
Occupation <u>Housekeeper</u>	Where Residing If not at place of death <u>Elk Neck</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>William Cole</u>	Father's Birthplace <u>Anna Pringle</u>				
Mother's Maiden Name <u>Emeline Hammond</u>	Mother's Birthplace <u>Elk Neck</u>				
Name of person giving information <u>Harry Cole</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>10 months</u>
Immediate	<u>Tuberculosis</u>	How long	<u>3 months</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>H. R. R.</u>	
		Address <u>H. R. R.</u>	
Accident or Suicide?			



Name
in
Full

Noah L. Lough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carters Mill</i>		Town <i>Beep</i>		County	
MARYLAND					
Date of death <i>1904</i>	Month <i>12</i>	Day <i>14</i>	Years <i>17</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Thos Lough</i>			Father's Birthplace <i>Del</i>		
Mother's Maiden Name <i>Martha Price</i>			Mother's Birthplace <i>Del</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>26 days 8</i>
Immediate <i>Intestinal hemorrhage</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>L</i>	Signature of Physician <i>C. V. Corrie</i>
	Address <i>Cherry Hill</i>
Accident or Suicide? <i>—</i>	

Miss Glasgow
Dad

Name

in
Full

CERTIFICATE OF DEATH

John Cooper (col)

Town

County

MARYLAND

Died at AlmshouseBevil

Date

Month

Day

Years

Months

Days

of death 1906 Dec.20

Age

76

Sex

MaleColor or
RaceCol.Birth-
placeInd.

Occupation

LaborerWhere Residing if not
at place of deathAlmshouseMarried, Single
or WidowedMarriedName of Wife or
HusbandDo not knowFather's
NameNot knownFather's
BirthplaceMother's
Maiden NameNot knownMother's
BirthplaceName of person giving
informationJohn MahoneyHow related
to deceasedNot related

CAUSES OF DEATH

Primary

Paralysis

How long

2 yrs. 6 months.

Immediate

"

How long

Are the name, age, sex, color, date
and place correctly given above?Yes.Signature of
PhysicianChas. F. Miller

Address

North East, Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Elektron



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>North East</i>		County <i>Sevier</i>		MARYLAND
	Date of death	Month	Day	Age	Years Months Days
	<i>1906</i>	<i>Nov</i>	<i>3</i>	<i>34</i>	<i>6 11</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>North East</i>	
	Occupation <i>Housekeeper</i>		Where Residing if not at place of death		
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Isaac Caslett</i>			
	Father's Name <i>Stephen Atkinson</i>	Father's Birthplace <i>Cecil Co</i>			
	Mother's Maiden Name <i>Hannah Atkinson</i>	Mother's Birthplace <i>Cecil Co</i>			
Name of person giving information <i>Olie M. Caslett</i>	How related to deceased <i>Son</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		How long		
	Immediate <i>Heart Failure</i>		How long <i>10 or 12 days</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. H. Caslett</i>		
			Address <i>N. E.</i>		
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Fair Hill* TownCounty *Cecil*Date
of death *1906*Month
*Dec*Day
*23*Age *37 ?* Years

Months

Days

Sex

*male*Color or
Race*white*Birth-
place*Cecil Co. Md*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*married*Name of Wife or
HusbandFather's
Name*Jama Cox*Father's
Birthplace*Cecil Co, Md*Mother's
Maiden NameMother's
BirthplaceName of person giving
In formation*Harry J. Mc Cleary*How related
to deceased*not stated*

CAUSES OF DEATH

Primary

Heart failure due to

How long

Immediate

exposure

How long

Are the name, age, sex, color, date
and place correctly given above?☒Signature of
Physician*Ricketta Nelson*

Address

*Coroner of Cecil County,
Elkton, Maryland*

Accident or Suicide?

Flint Hill
Rn

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *John Amos Curry*

Died at *Cleesebrook City* ^{Town} *Cecil* ^{County}

Date of death *1906* ^{Month} *Dec.* ^{Day} *29* Age *Years* *Months* *Days*

Sex *Male* Color or Race *White* Birth-place *Fair Hill*

Occupation *Where Residing if not at place of death*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Ann Curry*

Father's Name *Wm. Curry* Father's Birthplace *Fair Hill*

Mother's Maiden Name *Mary Ann Curry* Mother's Birthplace *"*

Name of person giving information *Leed & James Curry* How related to deceased *Sons*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Fibroid Plethrosis associated with Emphysema* How long *10 yrs.*

Immediate *Exacerbation with severe bronchitis* How long *8 days*

Are the name, age, sex, color, date and place correctly given above?

Yes.

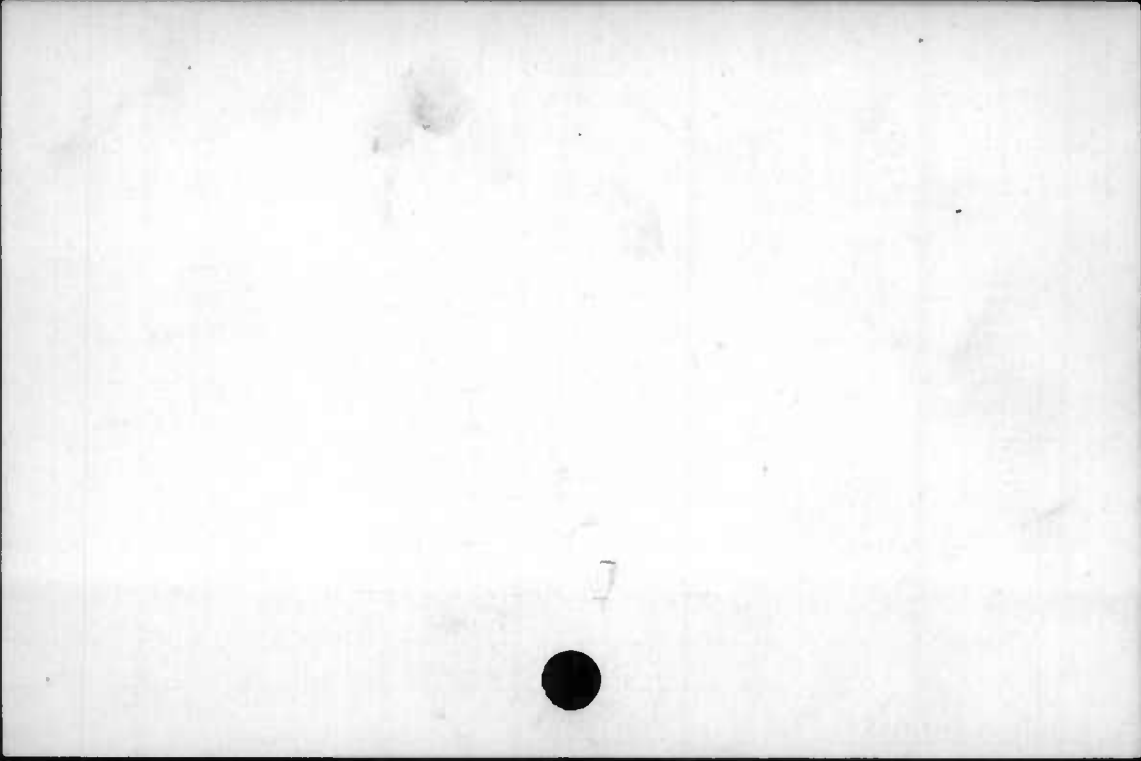
Signature of Physician

Address

Clifton O. Lewis M.D.
Cleesebrook City
Md.

Accident or Suicide?

Natural.



Name
in/
Full

Addie M Einwachter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Port-Deposit ^{County} Cecil

Date of death 1906 12 31 Age 35- Months Days

Sex Female Color or Race White Birth-place Wilmington Del

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband G A Einwachter

Father's Name John White Fether's Birthplace Cecil Co

Mother's Maiden Name Annie Tucker Mother's Birthplace " "

Name of person giving information G A Einwachter How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

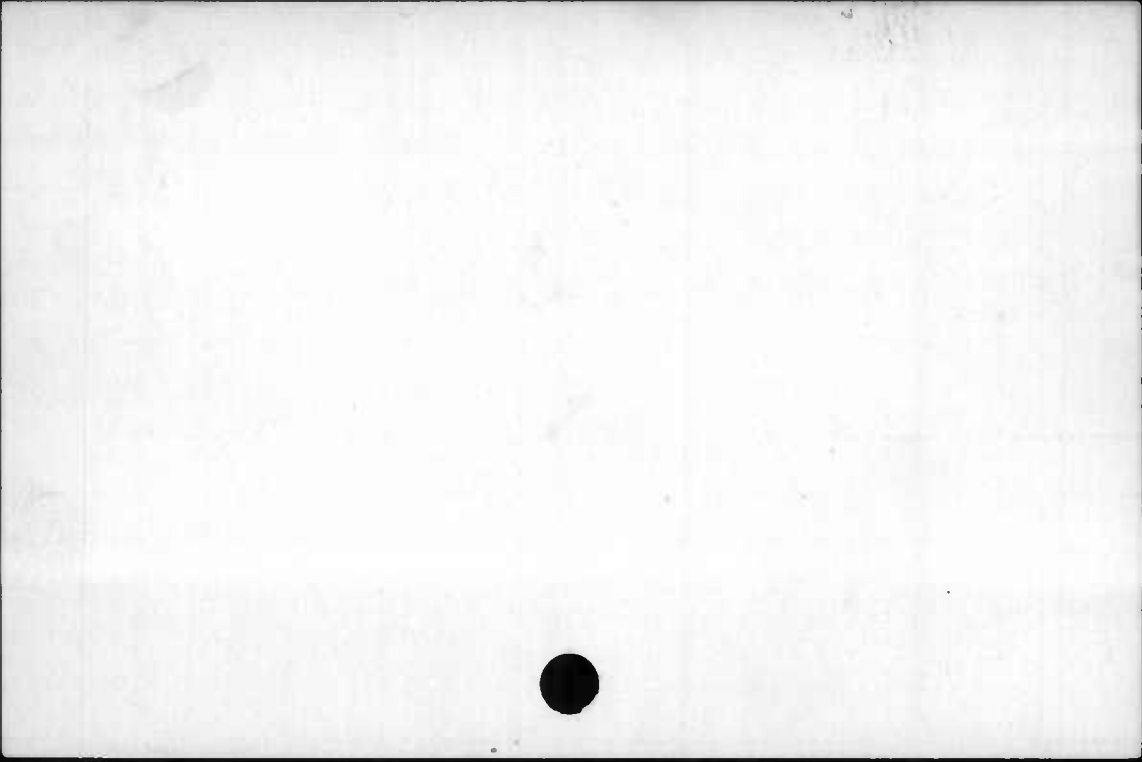
Primary Rheumatism How long 3 years

Immediate Short Insomnia How long 6 months

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H E Clemens

Address Port Deposit

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North East</i>		County <i>Cecil</i>	
Date of death <i>1906 Dec 23</i>	Month <i>Dec</i>	Day <i>23</i>	Age <i>40</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Fair Hill</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>J. H. Gainer</i>		
Father's Name <i>J. E. Ferguson</i>	Father's Birthplace <i>Ta.</i>		
Mother's Maiden Name <i>Mary A. Gray</i>	Mother's Birthplace <i>Louisville, Ky.</i>		
Name of person giving information <i>Ethel Wright</i>	How related to deceased <i>Sister</i>		

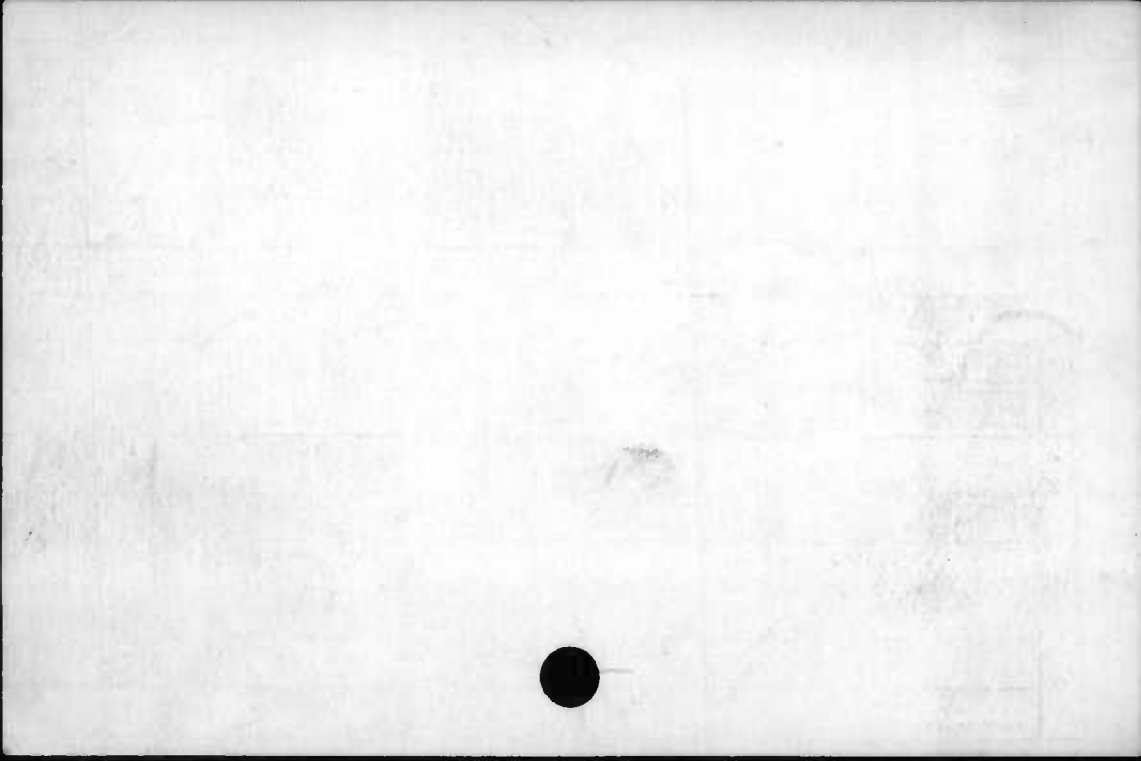
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Metritis</i>	How long <i>3 weeks</i>
Immediate <i>Peritonitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Theo A. Horvath</i>
<i>Yes</i>	Address <i>North East Md</i>
Accident or Suicide <i>No</i>	



Name in Full		Alfred May Gyles				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Rising-Sun		County		Cecil
	Date of death		1906	Month 12	Day 25	Age	Years 29
	Sex		Male		Color or Race		White
	Occupation		Restaurant Business		Birth-place		Oxford Pa.
	Where Residing if not at place of death		Rising-Sun				
	Married, Single or Widowed		Single		Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name		E. Thomas Gyles		Father's Birthplace		Chester Co. Pa.
	Mother's Maiden Name		Martha E. Brown		Mother's Birthplace		Penna.
	Name of person giving information		Martha E. Gyles		How related to deceased		Mother
	CAUSES OF DEATH						
	<div style="border: 1px solid black; border-radius: 50%; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">27</div>						
PHYSICIAN OR CORONER	Primary				How long		
	Immediate		Tuberculosis		How long		I attended from Nov. 27 to Dec 25
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		John F. Rose M.D.
					Address		Oxford Pa.
Accident or Suicide?							



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

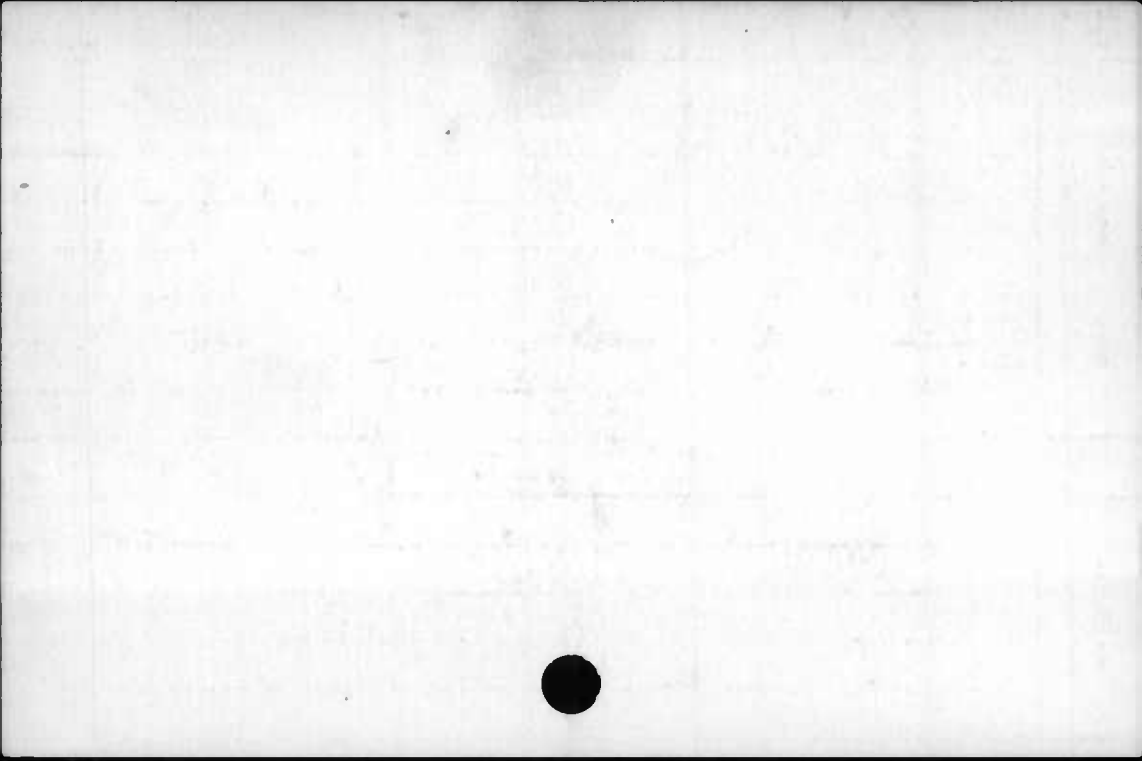
Died at <i>Liberty Grove</i> ^{Town}		<i>Sevier</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>December</i>	Day <i>Wednesday</i>	Years <i>91</i>	Months Days
Sex <i>Female</i>	Color or Race 		Birth-place <i>Burrington Md.</i>		
Occupation 			Where Residing if not at place of death <i>0</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Joseph Hanna</i>			
Father's Name <i>John Marshall</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Sarah Caldwell</i>		Mother's Birthplace <i>"</i>			
Name of person giving information 		How related to deceased 			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Brights Disease</i>	How long <i>2 mo.</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ernest Rowland</i>
	Address <i>Liberty Grove Md.</i>
Accident or Suicide? 	



Name in Full		Harvey		County		Cecil Co		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	North East	Town					MARYLAND	
	Date of death	1901	Dec	Month	Day	10	Years	Age	Still born
	Sex	Male			Color or Race	White		Birth- place	North East
	Occupation	Where Residing if not at place of death							
	Married, Single or Widowed	Name of Wife or Husband		Ida M. Mary Harvey					
	Father's Name	Military Harvey						Father's Birthplace	North East
	Mother's Maiden Name	Ida M. Cameron						Mother's Birthplace	Cecil Co
	Name of person giving In formation	Mother						How related to deceased	
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>									
PHYSICIAN OR CORONER	Primary	Still born						How long	
	Immediate							How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes						Signature of Physician	D. L. J. Hammick.
								Address	North East.
	Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John H. Hessey*
Near Cecilton ^{Town}*Cecil* ^{County}Date
of death *1906* ^{Month} *12*^{Day} *16*^{Age} *87* ^{Years}^{Months}^{Days}Sex *Male*Color or
Race*White*Birth-
place*Ohio*

Occupation

*Retired Farmer*Where Residing if ~~not~~
at place of death*Cecilton md*Married, Single
or WidowedName of Wife or
Husband*Laura V. Hessey*Father's
Name*William Hessey*Father's
BirthplaceMother's
Maiden Name*Annie Sutton*Mother's
BirthplaceName of person giving
In formation*Henry Boulden*How related
to deceased*Son in Law*

CAUSES OF DEATH

Primary

Valvular Disease Heart

How long

Twenty years

Immediate

Senile Decay

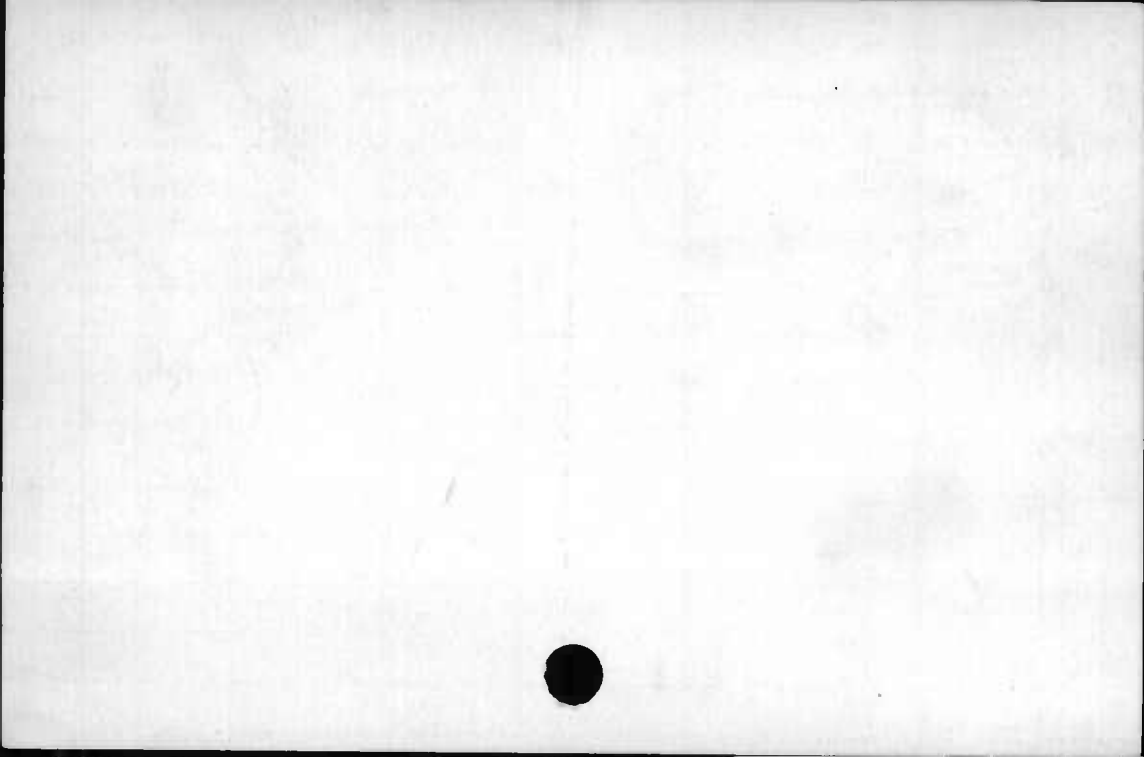
How long

*Eight months*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*E. M. Crawford*

Address

Cecilton md

Accident or Suicide?



Name
in
Full

Ann E Jones

CERTIFICATE OF DEATH

MARYLAND

Died at Chesapeake City

Town

Anne

County

Date of death 1906

Month 12

Day 22

Age

Years 70

Months 9

Days 18

Sex

Female

Color or
Race

White

Birth-
place

Bohemia Manor Md

Occupation

Housewife

Where Residing If not
at place of death

at home

Married, Single
or WidowedName of Wife or
Husband

Henry Jones

Father's
Name

William Barnick

Father's
Birthplace

don't know

Mother's
Maiden Name

Mary Mears

Mother's
Birthplace

Delaware

Name of person giving
information

Mrs Emma Willis

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Arterio Sclerosis

How long

about 18 months

Immediate

Exhaustion

How long

One week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

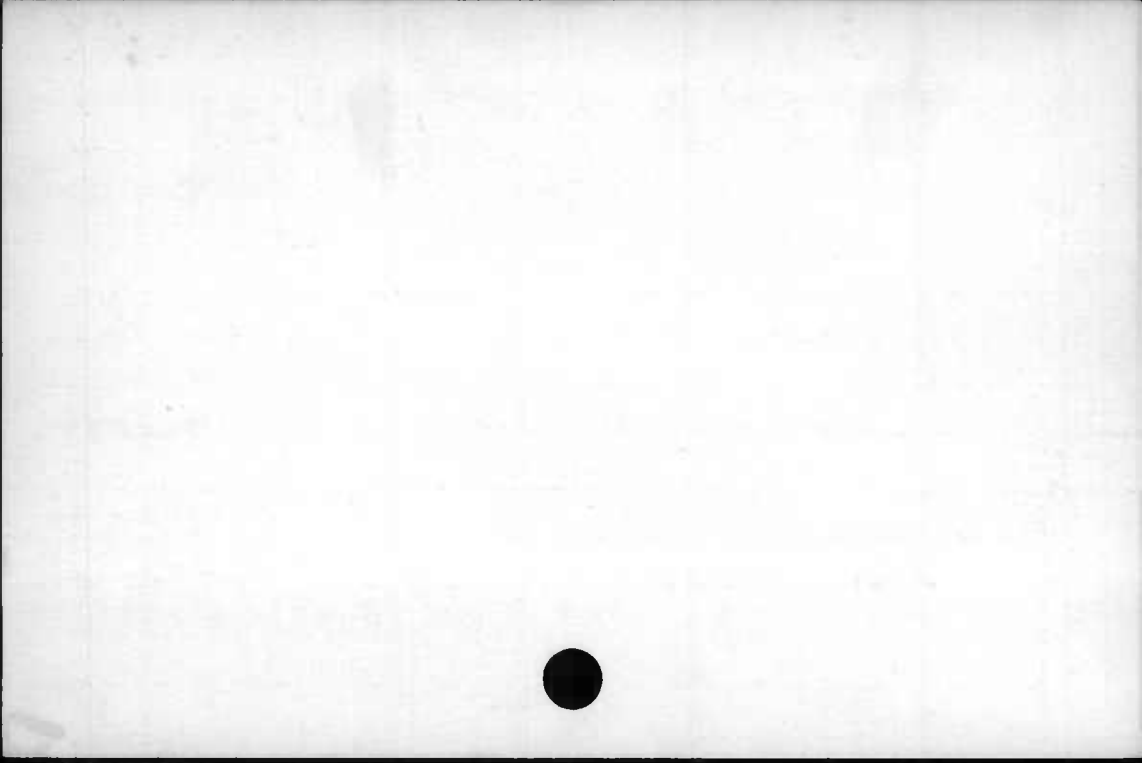
W. E. Karsner M.D.

Address

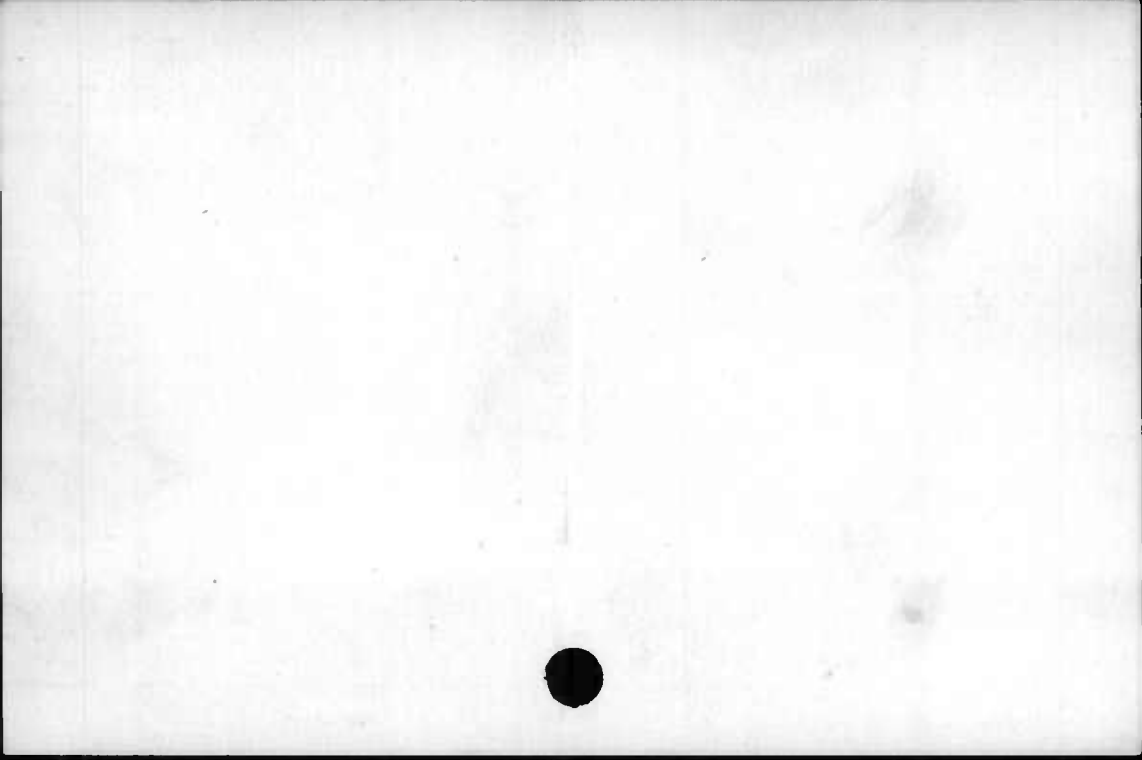
Chesapeake City Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full S. Porter Lusby		CERTIFICATE OF DEATH	
Died at Cecilton <small>Town</small>		Cecil <small>County</small>	
Date of death 1906 <small>Month</small> 12 <small>Day</small> 1		Age 73 <small>Years</small> 3 <small>Months</small> — <small>Days</small> —	
Sex Male		Color or Race White	
Occupation —		Birth-place Cecil Co. Md.	
Where Residing If not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband Mary Lusby	
Father's Name Lebulin Lusby		Father's Birthplace Cecil Co. Md.	
Mother's Maiden Name Annie Porter		Mother's Birthplace Cecil Co. Md.	
Name of person giving information Lambert W. Davis		How related to deceased Son in Law	
CAUSES OF DEATH			
Primary Locomotor Ataxia		How long 4 years	
Immediate Maemia		How long 48 hours	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. M. Black	
Address Cecilton Md			
Accident or Suicide? —			



Name
In
Full

Harriett Lynch

CERTIFICATE OF DEATH

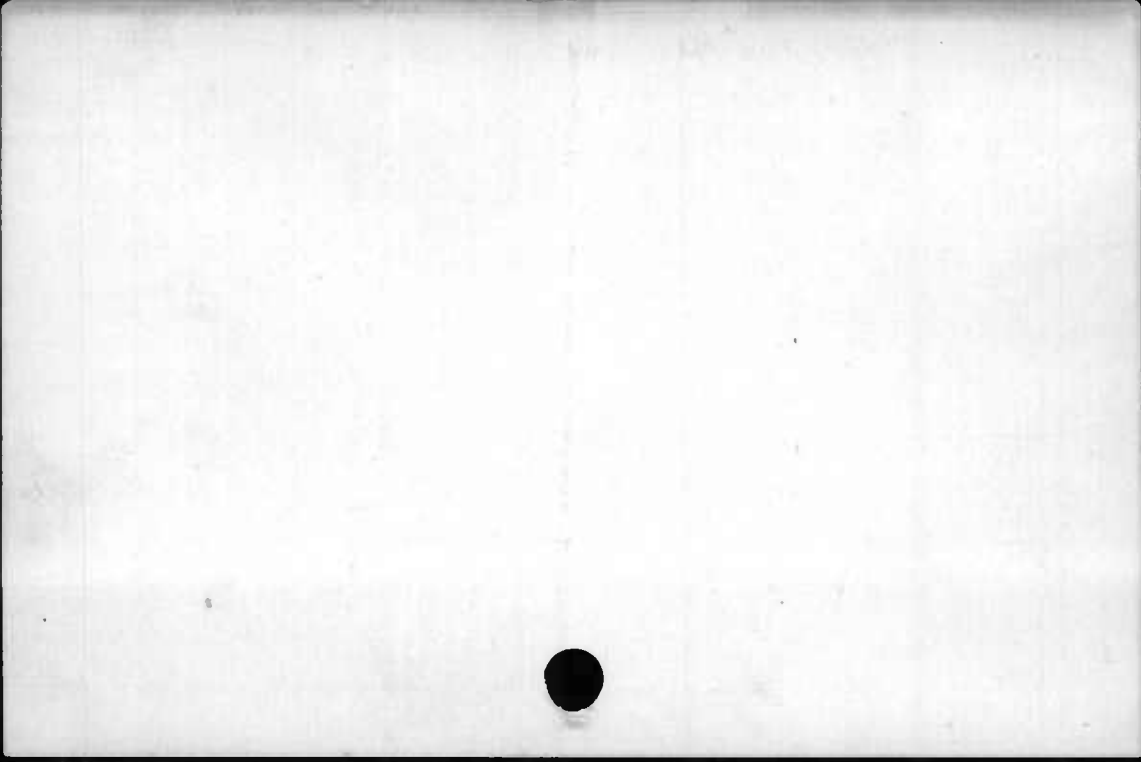
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mos. Spineville</u>		County <u>Lucas</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>12</u>	Day <u>30</u>	Age <u>70</u>	Months <u>6</u>	Days
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Maryland</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u> </u>				
Father's Name <u> </u>	Father's Birthplace <u> </u>				
Mother's Maiden Name <u> </u>	Mother's Birthplace <u> </u>				
Name of person giving information <u>J. Beck</u>	How related to deceased <u>Nom</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>93</u>	How long
Immediate <u>Pneumonia</u>		How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. M. Black</u>	Address <u>Washington Md</u>
Accident or Suicide?		



Name
in
Full

Amos E. McBurnings.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

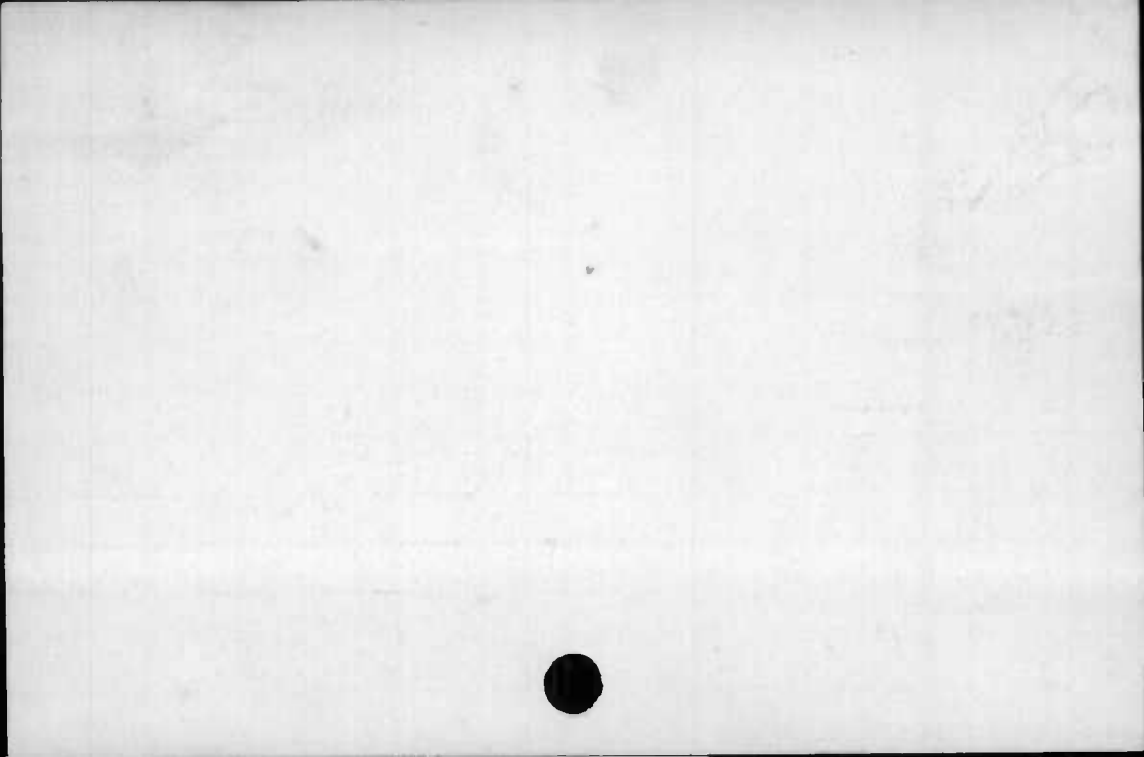
Died at <u>Sylmar</u> Town		County <u>Carl</u>		MARYLAND	
Date of death	1906	Month	Dec.	Day	12.
Sex	Male	Color or Race	White	Age	55
Occupation	Laborer	Where Residing if not at place of death	Sylmar Md.		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Amos McBurnings	Father's Birthplace	Hartford Md.		
Mother's Maiden Name	Elmira Morsore	Mother's Birthplace	Chester Pa.		
Name of person giving information	Azoria R. McBurnings	How related to deceased	Brother		

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary	Abcess of brain	How long	Three weeks.
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. B. Stein
		Address	Rising Sun Md.
Accident or Suicide?			



Name
in
Full

Matthe Marcus

CERTIFICATE OF DEATH

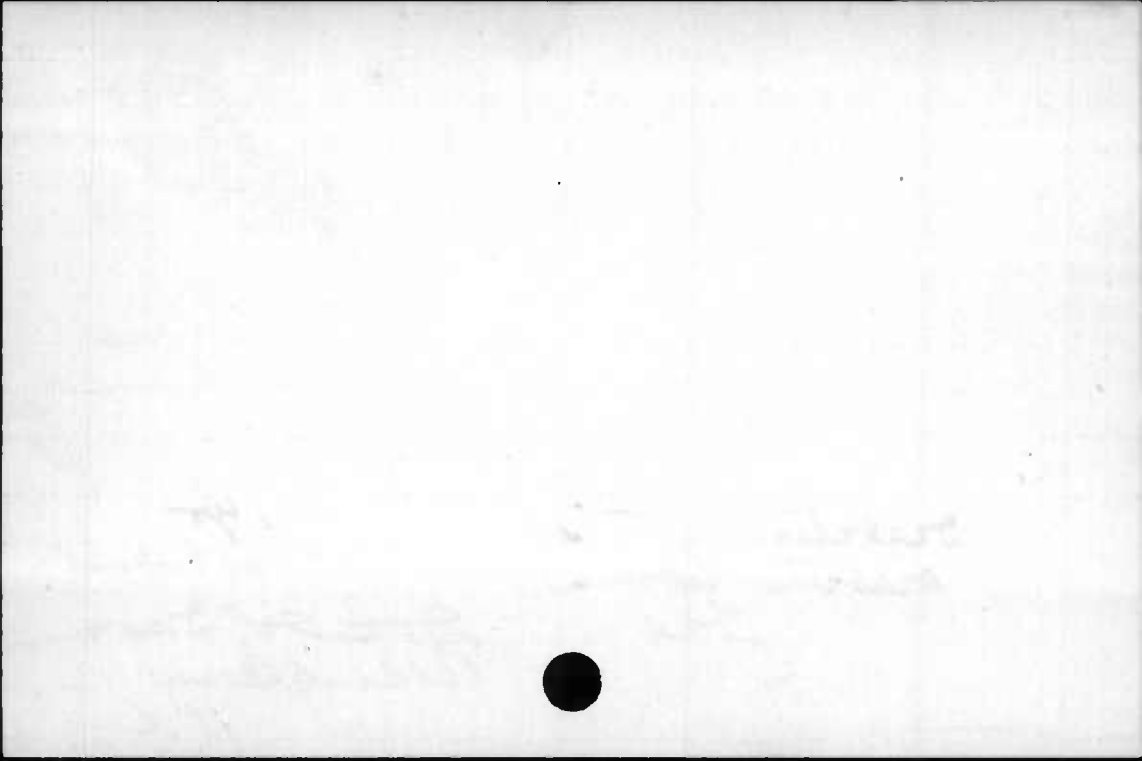
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Celtron</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>Dec</u> ^{Month}	<u>1</u> ^{Day}	Age <u>42</u> ^{Years}	<u>1</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>—</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>George Brown</u>	Father's Birthplace <u>Ireland</u>		Mother's Birthplace <u>Ireland</u>		
Mother's Maiden Name <u>Cowan</u>	How related to deceased <u>—</u>		Name of person giving information <u>Wm. A. Marcus</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Uncomplicated Abortion</u>	How long <u>7 days</u>
Immediate <u>Purpura Hemorrhagica</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. Horace Jenkins</u>
	Address <u>Celtron</u>
Accident or Suicide? <u>—</u>	<u>MD</u>



Name
in
Full

Miriam Maxwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>home</i>		Town <i>Rising Sun</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Dec.</i>	Day <i>18</i>	Age <i>15</i>	Years <i>15</i>	Months <i>6</i>	Days <i>18</i>
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Rising Sun</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>James H. Maxwell</i>		Father's Birthplace <i>Near Rising Sun</i>					
Mother's Maiden Name <i>Addie L. Jackson</i>		Mother's Birthplace <i>Principio Furnace</i>					
Name of person giving information <i>Margaret M. Lilley</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diabetes Mellitis</i>	How long <i>1 yr</i>
Immediate <i>diabetic coma</i>	How long <i>60 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Arthur S. Dase</i>
	Address <i>Rising Sun</i>
	<i>Md</i>
Accident or Suicide? <input type="checkbox"/>	



Name
in
Full

William Howard May

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

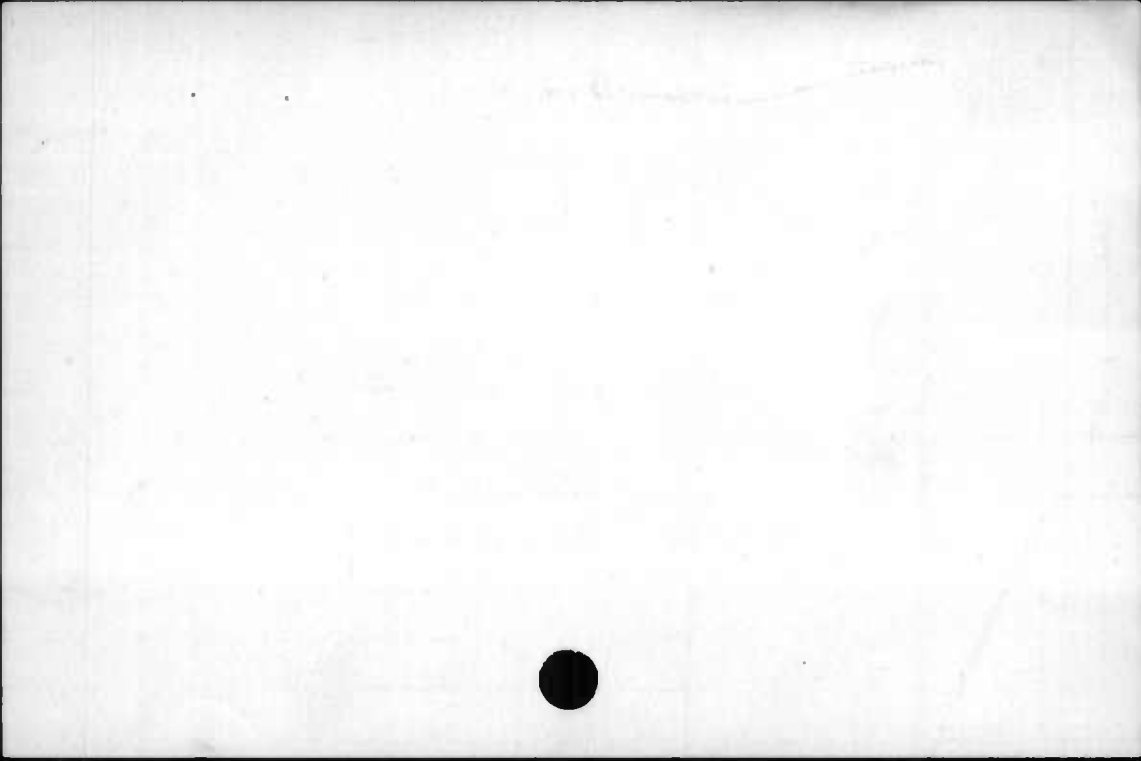
MARYLAND

Died at		Town Eckton		County Cecil			
Date of death		1906	Month December	Day 22	Years 64	Months 4	Days 8
Sex Male		Color or Race White		Birth-place Eckton Md.			
Occupation Justice of the Peace				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Anna Marshall May					
Fether's Name Rayamin J. May		Fether's Birthplace Maryland					
Mother's Maiden Name Rachel Howard		Mother's Birthplace Eckton Md.					
Name of person giving information Charles M May		How related to deceased 1 st Cousin					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Frequent heart attacks of 90+		How long	35 years
Immediate	Anemia		How long	two weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Charles M May	
			Address Eckton	
Accident or Suicide?			Cecil Co Md	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Dec 2	Sunday	Age 6 months			
Sex		Color or Race		Birth-place			
Female		Colored		Conowingo			
Occupation		Where Residing if not at place of death					
None		At home					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
John A. Miller		Tharford Co					
Mother's Maiden Name		Mother's Birthplace					
Annie A. Miller		Basil Co					
Name of parson giving information		How related to deceased					
Chaunce Miller		Brother					

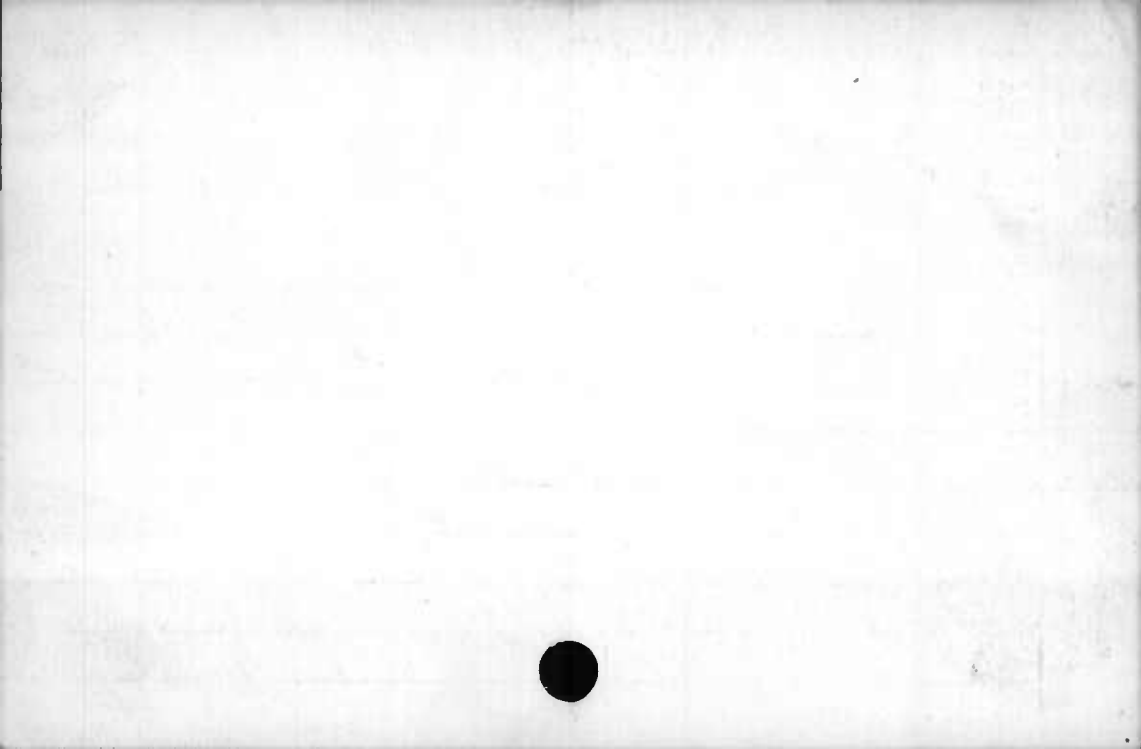
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Colarhal Pneumonia	How long	1 wk.
Immediate	Asphyxia	How long	✓
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
y es.		L. M. Ragan	
		Address	
		Conowingo Md.	
Accident or Suicide?			



Name in Full Andrew Oliver Nickle		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Rowlandsville <small>Town</small>		Beale <small>County</small>	
	<div style="display: flex; justify-content: space-between;"> <div>MARYLAND</div> </div>			
	Date of death 1906	Month Dec	Day 8	
	Age 62	Years	Months 4	
	Sex Male	Color or Race White	Birthplace Beale Co Md	
	Occupation Farmer	Where Residing if not at place of death		
	Married, Single or Widowed Married	Name of Wife or Husband Sarah J Nickle		
Father's Name Andrew Nickle	Father's Birthplace Beale Co Md			
Mother's Maiden Name Mary Hammond Harland	Mother's Birthplace			
Name of person giving information Sarah J Nickle	How related to deceased wife			
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary Pneumonia	How long 3 days	93	
	Immediate Euthanasia	How long short time		
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H E Clummon	Address Robt L. Ingersoll	
	Accident or Suicide?			



Name
in
Full

William Edwin Owens
Woodlawn Cecil
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at
Date of death 1906 12 17 Age 14
Sex Male Color or Race White Birth-place Woodlawn
Occupation Where Residing if not at place of death

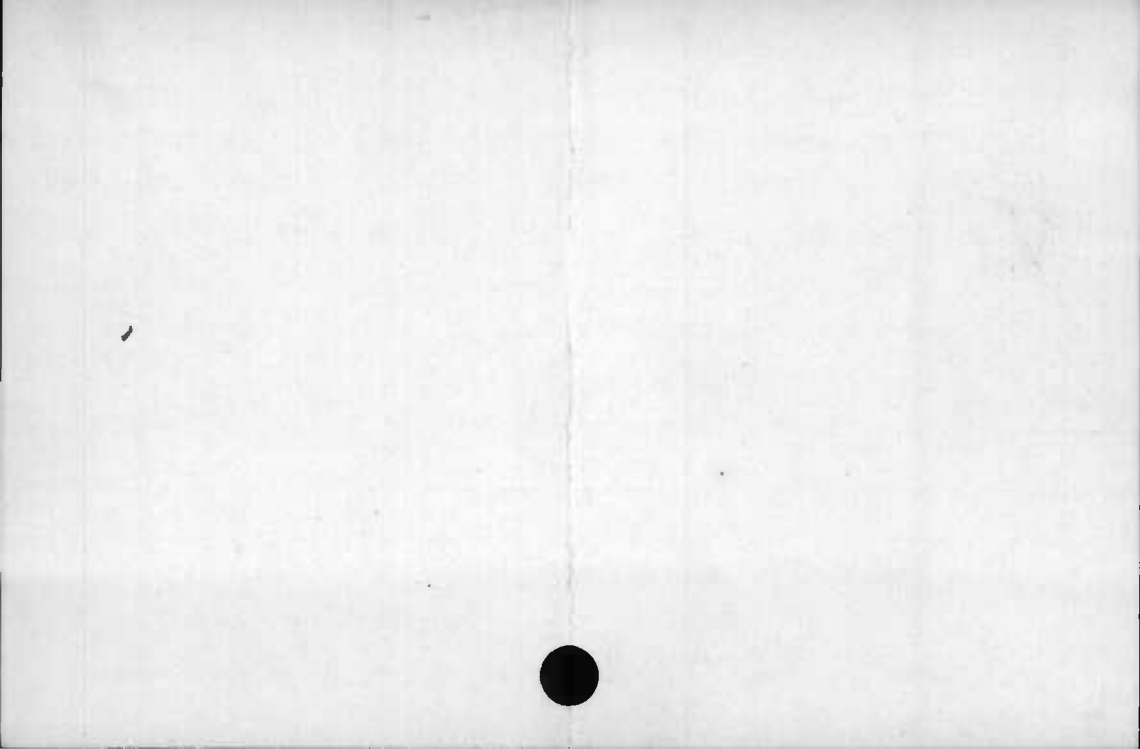
Married, Single or Widowed Name of Wife or Husband
Father's Name Lucia Owens Father's Birthplace Cecil Co
Mother's Maiden Name Hannah Sentman Mother's Birthplace " "
Name of person giving information Wm Owens How related to deceased Father

CAUSES OF DEATH

Primary Ap. pyrexia 118 How long
Immediate Heart failure How long
Are the name, age, sex, color, date and place correctly given above? Signature of Physician B. H. Cunningham
Address North E. M.
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name

In
Full

Ernest L. Poist

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <input checked="" type="checkbox"/> near		Town Bay View		County Cecil		MARYLAND	
Date of death 1906		Month Dec	Day 2	Years 21	Months	Days	
Sex male		Color or Race white		Birth-place Cecil Co. Md			
Occupation Farmer				Where Residing if not at place of death near Port Deposit, Md			
Married, Single or Widowed single		Name of Wife or Husband <input checked="" type="checkbox"/>					
Father's Name George H. Poist				Father's Birthplace Cecil Co. Md			
Mother's Maiden Name Sarah Nichol Poist				Mother's Birthplace Cecil Co. Md			
Name of person giving information Mrs Emma Lyns				How related to deceased Not any			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate Heart Trouble	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Ricketta Nelson
Natural Death	Address Coroner of Cecil Co. Elkton, Md.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

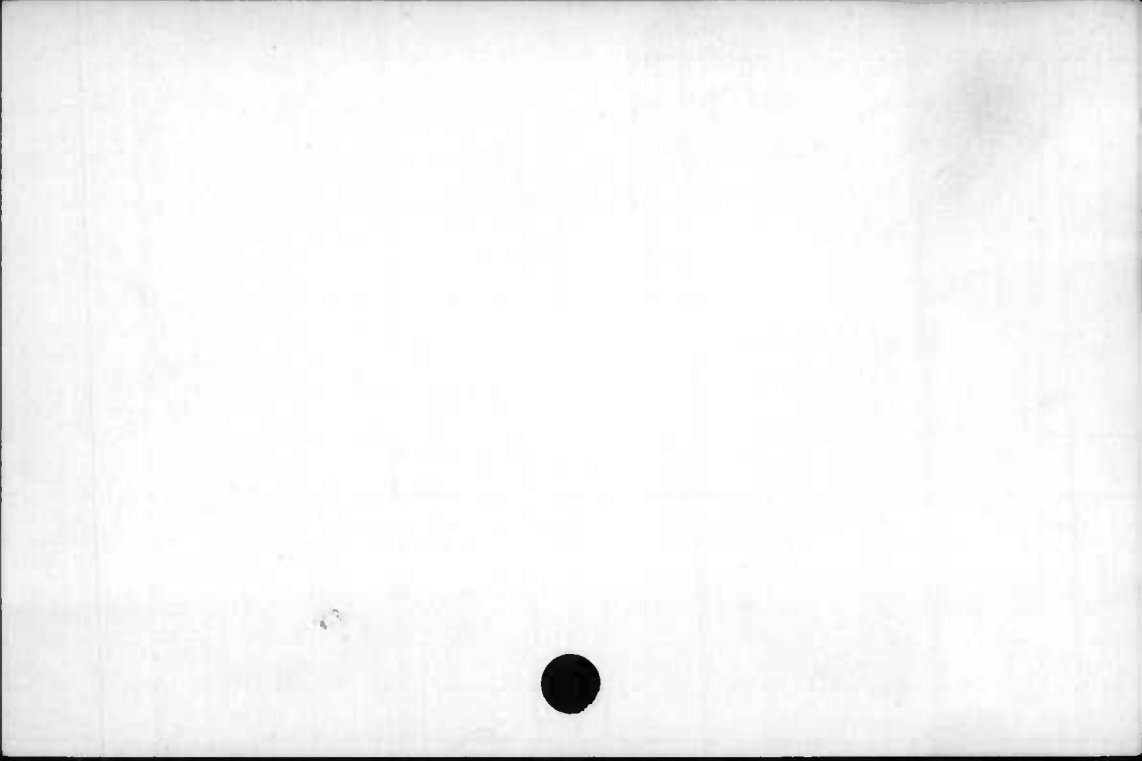
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George Poist</i>		Town <i>Port Deposit</i>		County <i>Cecil</i>		MARYLAND	
Died at		Month <i>12</i>		Day <i>15</i>		Years <i>14</i>	
Date of death <i>1906</i>				Age		Months <i>—</i> Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cecil Co</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Charles Poist</i>				Father's Birthplace <i>Cecil Co</i>			
Mother's Maiden Name <i>Theresa Bitner</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Charles Poist</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Strangulation of Bowels</i>	How long	<i>2 days</i>
Immediate		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W. E. Chism</i>
		Address	<i>Port Deposit</i>
Accident or Suicide? <i>—</i>			



Name
in
Full

Helen Elaine Rammenter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Elkton ^{Town} Cecil ^{County}

MARYLAND

Date of death 1906 ^{Month} 12 ^{Day} 21 ^{Years} 2 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Ind

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name

George Rammenter

Father's Birthplace

Mother's Maiden Name

Delia Jones

Mother's Birthplace

Ind

Name of person giving information

George Rammenter

How related to deceased

Father

CAUSES OF DEATH

Primary

Meningitis (tubercular)

How long

Several months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H. Arthur Mitchell

Address

Elkton Ind.Accident or Suicide? PHYSICIAN
OR CORONER

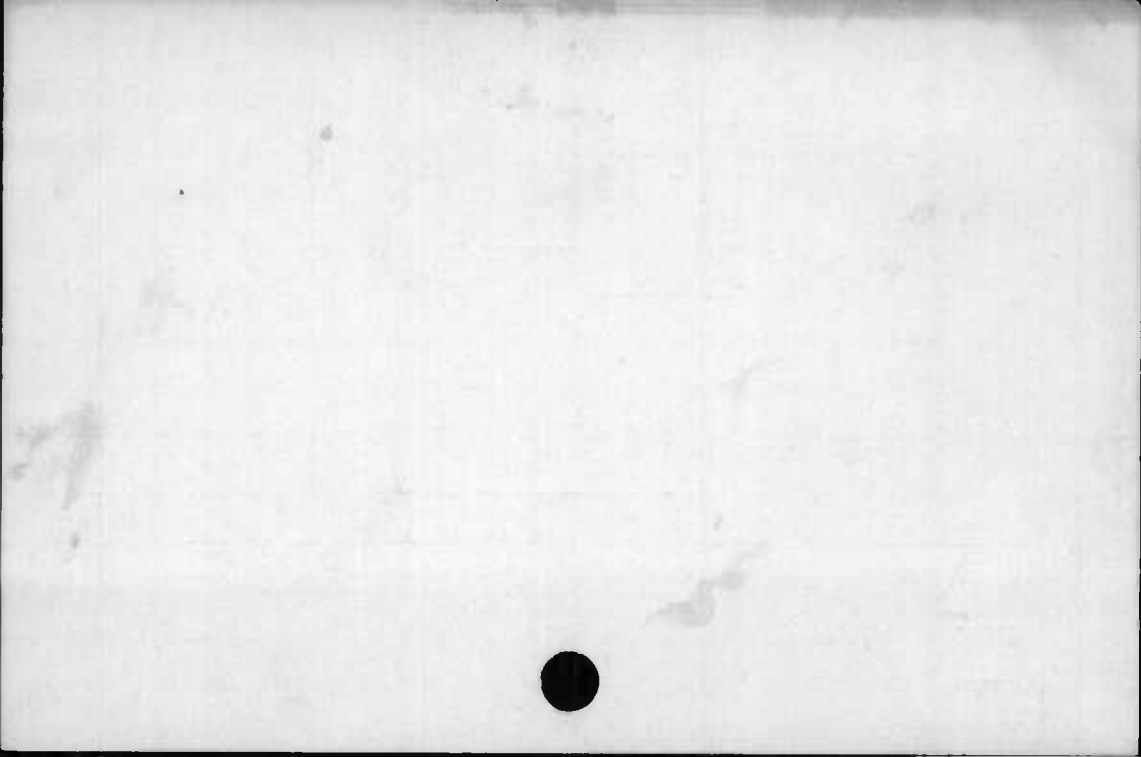
Elkton

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

l

Name in Full <i>Myrtle J. Sharp</i>		Town		County <i>Lexile</i>		CERTIFICATE OF DEATH	
Died at <i>North East</i>		Month <i>Dec</i>		Day <i>29</i>		Age <i>1</i>	
Date of death <i>1904</i>		Month <i>Dec</i>		Day <i>29</i>		Age <i>1</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>North East</i>		MAYLAND	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>John Sharp</i>		Mother's Birthplace <i>Not known</i>					
Mother's Maiden Name <i>Eleanor M. Bryan</i>		Mother's Birthplace <i>North East</i>					
Name of person giving information <i>Lizzie E. Bryan</i>		How related to deceased <i>mother</i>					
		CAUSES OF DEATH					
Primary <i>from accident</i>		How long <i>150</i>					
Immediate <i>Heard</i>		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>P. H. H. H. H.</i>					
		Address <i>N. E.</i>					
Accident or Suicide?							



Name
in
Full

Walter L Trippler 4 brsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Crown town		County cecal		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Dec	17	5		9	
Sex		Male		Color or Race		White	
Birth-place		Phila Pa					
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single							
Father's Name				Father's Birthplace			
Geo W Trippler				Pa			
Mother's Maiden Name				Mother's Birthplace			
Ida May Sidwell				Washington			
Name of person giving information				How related to deceased			
Ida May Trippler				Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	7 days
Immediate	Cardiac Asthenia	How long	24 hrs.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		O. P. Corrieo M.D.	
Address		Cherry Hill	
Accident or Suicide?		no	

891

Name
in
Full

Christiana Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Principio</i>		County <i>Cecil</i>		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	<i>1906</i>	<i>12</i>	<i>29</i>	<i>68</i>	<i>—</i>	<i>—</i>	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Cecil Co</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband				
Father's Name	<i>—</i>					Father's Birthplace	
Mother's Maiden Name	<i>—</i>					Mother's Birthplace	
Name of person giving information	<i>Annie Gardner</i>					How related to deceased	<i>Cousin</i>

CAUSES OF DEATH

Primary	<i>Chronic Phthisis</i>	How long	<i>3 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>short time</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. E. Clumson</i>
<i>Yes</i>		Address	<i>Park Summit</i>
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

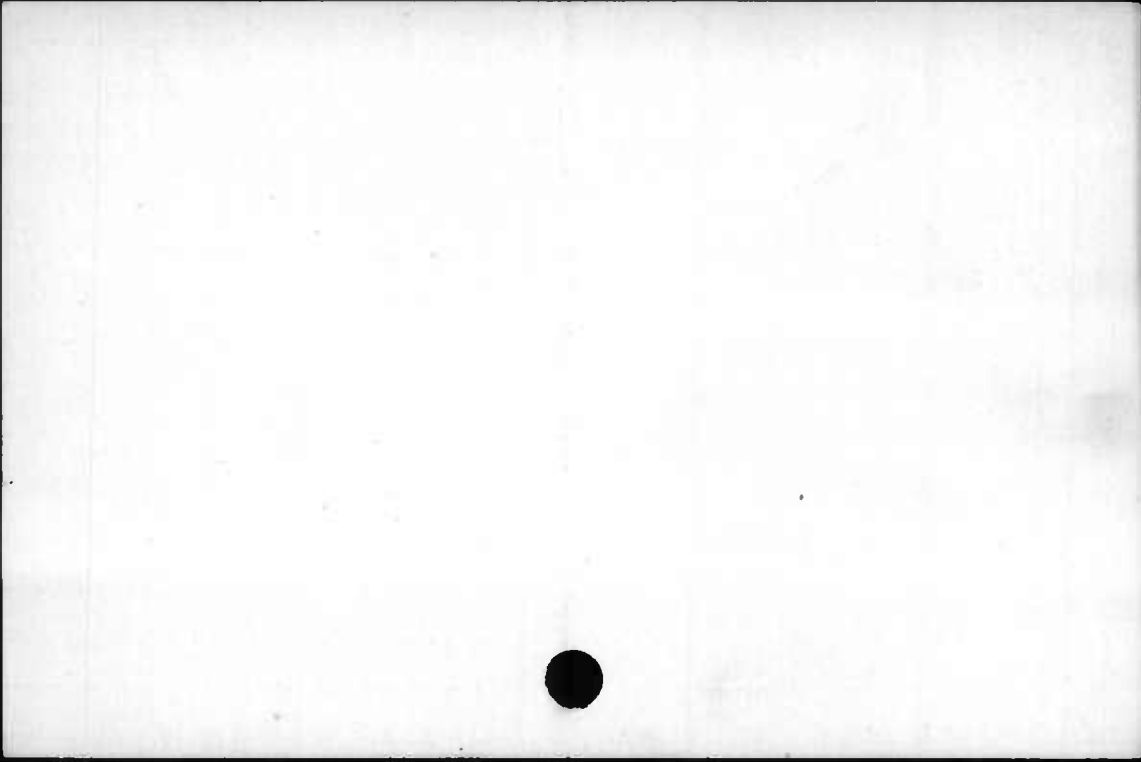
MARYLAND

Died at <u>Johnstown</u> ^{Town}		<u>Cecil</u> ^{County}			
Date of death <u>1906</u>	Month <u>12</u>	Day <u>28</u>	Years <u>69</u>	Months <u> </u>	Days <u> </u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Cecil Co. Md.</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Hamilton Vansant</u>				
Father's Name <u>Wm H. Nowland</u>	Father's Birthplace <u>Cecil Co. Md.</u>				
Mother's Maiden Name <u>Eliza Stephens</u>	Mother's Birthplace <u>Cecil Co. Md.</u>				
Name of person giving information <u>Louisa Daniels</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Valvular disease Heart</u>	How long	<u>Eight months</u>
Immediate	<u>Heart Failure</u>	How long	<u>20 months</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Wm H. Nowland</u>	Signature of Physician	<u>E. A. Sanford</u>
	<u>Sanford</u>	Address	<u>Johnstown Md</u>
Accident or Suicide?			



Name
in
Full

Frank Bennett Watts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Oakwood TownCounty beclDate of death 1906 December 13 Month DayAge 36 Years

Months

Days

Sex maleColor or
RaceWhiteBirth-
placeOakwood

Occupation

PainterWhere Residing if not
at place of deathMarried, Single
or WidowedSingleName of Wife or
HusbandFather's
NameW. Heath WattsFather's
BirthplaceDarlingtonMother's
Maiden NameMary Ann Shugler Armstrong
Mary Ann WattsMother's
BirthplaceBaltimoreName of person giving
In formationGertrude WattsHow related
to deceasedSister

CAUSES OF DEATH

Primary

Chronic Nephritis

How long

Uncertain

Immediate

Hypertrophy of Heart; Sudden failure

How long

"Are the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianGeo. W. Gillespie

Address

Pleasant Groove Pa.

Accident or Suicide?

